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Health Care for the Homeless Network
Public Health—Seattle & King County

2005 Annual Report on Homeless Deaths

Issued December 2006

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PREFACE

I am pleased to share with you the *2005 Annual Report on Homeless Deaths* which provides information on the deaths of people who were identified as homeless by the King County Medical Examiner. This report was prepared by the Health Care for the Homeless Network, and the format and method are similar to the 2004 report shared last year.

In 2005, 94 deaths of homeless people came under the jurisdiction of the King County Medical Examiner. As explained in the report, this number does not represent *all* homeless deaths in King County because not all homeless deaths come under the Medical Examiner's jurisdiction.

These deaths openly reflect the suffering and challenges faced by individuals who have no safe, stable living place to call home. Disparities in health and premature deaths among homeless people are well-confirmed. In King County, the average age of death for homeless decedents in 2005 was 47 years of age. Many of these were preventable deaths. As our community continues its challenging work to end homelessness, we must not forget these 94 men and women, just as we must not forget the 82 who died in 2004, and the 77 who died in 2003.

Questions on this report may be directed to Janna Wilson, Health Care for the Homeless Network Program Manager, at (206) 296-4655.

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Introduction

This report summarizes the 2005 demographic and cause of death data from the King County Medical Examiner (KCME)[1] on deaths of individuals identified as having been likely homeless at the time of death (see appendix A).[2] **In total, 94 deaths of homeless people were identified by the KCME in 2005.**

Because only certain deaths come under the jurisdiction of the KCME, these 94 deaths do not constitute a representative sample of all homeless deaths. In particular, deaths due to natural causes are not representative of all natural deaths. Certain information may also not be available nor accessible.[3] For example, if homeless status was not known, if next of kin was present at the time of a natural death and provided an address (which is a likely reason for underreporting of youth deaths), or if a person was already hospitalized for care at the time of their death, they may not be captured here.

In this report, comparisons are made to the data presented in the 2004 annual report. However, since complete information on all homeless deaths is not available (as described above), these implications must be considered cautiously. In addition, this 2005 summary should not be compared directly with the 2003 King County Homeless Death Review prepared by Health Care for the Homeless Network (HCHN). Resources allowed for a special, in-depth study for the 2003 report, and a different method was used to identify the homeless population. Individuals in supportive housing were included in the 2003 report, and are not included here.

Data Summary

Table 1a: Demographic Data		**2004**	**2005**
Total Deaths		82 (100%)	94 (100%)
Gender	Females	16 (20%)	12 (13%)
	Males	66 (80%)	82(87%)
Race	White	57 (70%)	69 (73%)
	African American	12 (15%)	17 (18%)
	Native American	8 (10%)	6 (6%)
	Asian and Pacific Islander	1 (1%)	0 (0%)
	Other/Unknown	4 (5%)	2 (2%)
Hispanic as Ethnicity [4]		6 (7%)	6 (6%)
Age	20-29	8 (10%)	6 (6%)
	30-39	12 (15%)	14 (15%)
	40-49	29 (35%)	33 (35%)
	50-59	21 (26%)	32 (34%)
	60-69	9 (11%)	6 (6%)
	70-79	2 (2%)	1 (1%)
	80+	0 (0%)	2 (2%)
	Unknown	1 (1%)	0 (0%)

Table 1b: Demographic Data	2004	2005
Average age at time of Death (excluding case of unknown age)		
Females	44 years (n=16)	45 years (n=12)
Males	48 years (n=65)	47 years (n=82)
Total Pop	47 years (n=81)	47 years (n=94)

Similar to 2004, the majority (87%) of deaths identified by the KCME were male.[5] The average age at death remained at 47 years, substantially lower than the overall average age of death in the United States of 77.5 years.[6]

No homeless youth were identified as part of this group in 2004 or 2005. As mentioned earlier, this may suggest that KCME data does not facilitate easy identification of youth who were homeless.[7]

Consistent with populations served by HCHN[8] and with the Annual One Night Count, [9] decedents were disproportionately African American and Native American relative to the general population in King County.[10]

Among the 94 likely homeless decedents identified by the KCME in 2005, 34 (36%) had seen a HCHN care provider at least one time in the prior complete year before death (since January 1, 2004). This is a similar pattern to decedents identified in 2004, where 34% had seen a HCHN provider at least one time in the prior complete year before death. All persons in the HCHN database have been homeless and have received HCHN health services at some time.

When the total 176 KCME likely homeless cases between 2004-05 were cross checked with the HCHN encounter database, 43 of the 89 decedents in the HCHN encounter database who died in 2004-05, were not on the KCME likely homeless list. Some or all of these 43 decedents may have been in the KCME database but been unidentifiable to medical examiners as homeless, or they may not have been investigated within the jurisdiction of the KCME due to the reasons described earlier in this report. There may be a further set of homeless deaths that occurred in 2004-05 and were not known to either HCHN or KCME.

Table 2: Circumstances at Death		2004	2005
Manner	Natural [11]	37 (45%)	34 (36%)
	Accident (total)	32 (39%)	39 (41%)
	- *Intoxication* [12]	*22* (27%)	*28* (30%)
	- *Other*	*10* (12%)	*11* (12%)
	Suicide	5 (6%)	10 (11%)
	Homicide	4 (5%)	8 (9%)
	Undetermined	4 (5%)	3 (3%)
Season	Winter (Oct-March)	47 (57%)	47 (50%)
	Summer (April-Sept)	34 (42%)	46 (49%)
	Unknown[13]	1 (1%)	1 (1%)

The largest percentage of deaths in 2005 were *accidental* in manner, compared to *natural* in manner in 2004; however, the percentage change is fairly small. For intoxication deaths, if there was no evidence substantiating an *intentional* act of suicide by intoxication, the KCME categorized these deaths as either accidental or undetermined depending on the circumstances.

Nearly twice as many decedents were identified with a cause of death of suicide in 2005 (11%) compared to 2004 (6%). A similar increase was seen in decendents with a cause of death of homicide in 2005 (9%) compared to 2004 (5%). While fewer deaths occurred in the summer of 2004 compared to the winter, a nearly equal number of deaths occurred in the summer and winter months of 2005.

Table 3: Primary Cause of Death (categorized)	**2004**	**2005**
Acute intoxication [12]	20 (24%)	30 (32%)
Trauma Related (total): [14]	21 (26%)	29 (31%)
Trauma – Homicide	*4* (5%)	*8* (9%)
Trauma – Suicide	*5* (6%)	*10* (11%)
Trauma – Accident	*7* (9%)	*10* (11%)
Secondary Infection following Trauma	*2* (2%)	*0* (0%)
Trauma – Unknown	3 (4%)	*1* (1%)
Cardiovascular Disease	10 (12%)	14 (15%)
Infection/Condition Secondary to Alcohol or IV drug use	8 (10%)	6 (6%)
Pneumonia	7 (9%)	5 (5%)
Cirrhosis	5 (6%)	2 (2%)
Cancer	4 (7%)	1 (1%)
Hypothermia/Environmental Exposure	1 (1%)	1 (1%)
Tuberculosis	1 (1%)	0 (0%)
Other	5 (6%)	6 (6%)

The most frequent specific causes of death were the same in 2004 and 2005: acute intoxication (32%), trauma (31%), and cardiovascular disease (15%).

Table 4: Incident Locations	**2004**	**2005**
Seattle	58 (71%)	67 (71%)
South King County	14 (17%)	18 (19%)
East King County	2 (2%)	3 (3%)
North King County	2 (2%)	1 (1%)
Outside King County	4 (5%)	0 (0%)
Outside Washington	0 (0%)	* 1 (1%)
Unknown Location	2 (2%)	4 (4%)

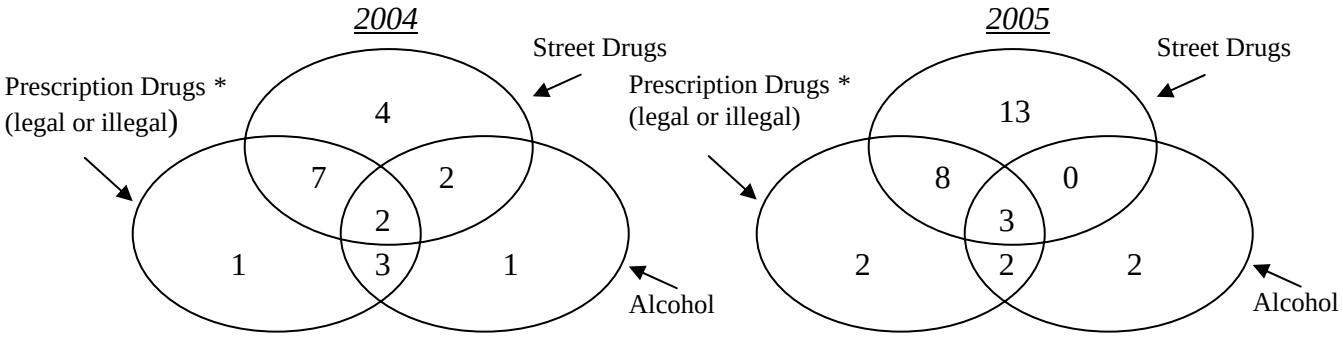
Similar to 2004, most incidents in 2005 occurred in Seattle (71%) followed by south King County (19%).

** One incident occurred out-of-state; however, the death occurred at Harborview and was under the jurisdiction of the KCME. A more detailed break-down by city is shown in Appendix B.*

The figure below summarizes the types of drugs involved in the 50 homeless deaths during 2004 and 2005 in which the primary cause of death was acute intoxication. Accidental acute intoxication may be due to alcohol, street drugs, prescription drugs, or a combination.

Figure 1: Substances Involved in Homeless Acute Intoxication Deaths *(not to scale)*

	2004	*2005*
Any Street Drugs	15	24 cases
Any Prescription Drugs *	13	15 cases
Any Alcohol	8	7 cases
Total Homeless Acute Intoxication Deaths:	20	30 cases



** Note: Prescription drugs may represent either legal or illegal substances depending on whether the individual had been prescribed the medication or whether the person bought or otherwise acquired it on the street.*

Compared to 2004, the number of intoxication deaths increased 50%. While the drugs involved in intoxication deaths are most likely illegal, they can also be components of legal, prescription drugs. As shown in the figure above, the largest change was in the street drugs category. The number of deaths associated with street drugs alone was higher in 2005 (13 deaths) compared to 2004 (4 deaths).

Similar to 2004, cocaine comprised the highest proportion (involved in 14 or 47%) of the acute intoxication deaths. Methamphetamines were involved in 7 (23%) of intoxication deaths in 2005, which is a large increase compared to 1 (5%) in 2004. Heroin and other opiates were involved in 8 deaths in both 2004 (40% of the 20 intoxication deaths) and 2005 (27% of the 30 intoxication deaths).

Discussion

The 176 homeless people who died in 2004 and 2005, as identified by the KCME, were an average age of 47 years. Like previous studies on homeless deaths, the causes of death in 2004 and 2005 continue to reflect the many harsh realities and risks faced by those who live on the streets and in shelters – chronic health conditions, traumas, and the troubling role of alcohol and drugs. Reflecting the fact that homelessness is not just an issue of the urban core, homeless people died in many communities throughout King County.

HCHN continues to call for deeper analysis into selected homeless death cases. Such investigation can reveal specific weak points in homeless response efforts, and promote more effective work across the systems of care that are organizing to end homelessness in our community. In addition, analysis of homeless cases that are *not* captured by this methodology may provide greater integrity for comparison between years.

Readers should be aware that this snapshot of homeless deaths likely under-represents the number of homeless people who died from natural causes and chronic illness. Many of those people would have been under the care of a health provider, and an investigation by the KCME would in most cases not have been required. In addition, care providers who work with homeless people have noted that many of their clients with terminal illnesses acquire permanent housing in the final months of life; such deaths are not reflected in this report.

While a comprehensive analysis of all homeless deaths is beyond the scope of this report, the data presented here serve to remind our community of the importance of our collective work to end homelessness and to continue our efforts to support our homeless neighbors in their work toward health, safety, and recovery.

Health Care for the Homeless Network extends its thanks to the King County Medical Examiner's office for its assistance in gathering this data.

Notes and References

[1] The KCME takes jurisdiction of deaths due to unnatural causes, deaths in which people die suddenly when in apparent good health and without an attending physician in the 36 hours preceding death, and deaths with suspicious, unknown, or obscure circumstances.

[2] Beginning in 2004 the KCME added a field to their database to identify decedents who are determined to have been "likely homeless" (see Appendix A). Likely homeless cases are those in which the person resided or died at one of a list of homeless emergency and transitional shelters, was known to have been homeless, couch surfing, sleeping outdoors, or staying at motels, had "no permanent address," or was otherwise suspected to have been homeless as a result of the case investigation or communication with next of kin. Since it is not possible to identify all homeless people within the KCME caseload, the "likely homeless" field is used as a way of identifying those cases for which homeless status can be determined with at least reasonable certainty.

[3] Homeless deaths that are not encompassed in this summary include but may not be limited to:

a. **Homeless people in the 2004-05 KCME database whose homeless status could not be identified through case investigation, next of kin, residence, or incident address.** This could include, among others, cases in which next of kin supply an address for the decedent without making known that the person had been homeless, cases in which homeless youth are listed under a guardian's residence address and are not known to have been homeless by medical examiners, and cases in which insufficient information exists to identify or verify that the person had been homeless, based on the KCME likely homleless definition.

b. **Homeless people who died in 2004-05 but whose deaths did not fall under the jurisdiction of the KCME.** This could include, among others, cases in which a homeless person died in hospital or with attending medical care in the 36 hours preceding death.

c. **Homeless people who acquired permanent housing as a result of terminal illness,** and subsequently died while in permanent housing.

[4] In 2004, five decedents with Hispanic ethnicity were included in a separate race category "Hispanic." For this report, these decedents were moved into the White category for race to reflect their reported race. These decedents are also included in the "Hispanic as Ethnicity" category.

[5] The frequency of male deaths as compared to female deaths in the review population may reflect the likelihood that circumstances of male deaths more frequently result in KCME investigation than do those of female deaths.

[6] Centers for Disease Control and Prevention. National Vital Statistics Reports. http://wonder.cdc.gov/wonder/sci_data/natal/linked/type_txt/lbd03/Mortality.pdf. Vol. 54, Number 13. Apr 2006.

[7] Children, youth, and young adults are underrepresented in the population described in this summary relative to the homeless population served by HCHN in which 41% of clients are 34 years or younger and 14% are under 17 years (Health Care for the Homeless Network 2005 Annual Report). Some possible explanations for this could be that: a) homeless unattached youth who die may be reported under a guardian or family member's address and not identified as homeless; b) deaths of young children would most likely have occurred in hospital and may therefore not have fallen under the jurisdiction of the KCME; c) young people, while potentially facing health issues, may be less likely to die at this stage of life.

[8] Health Care for the Homeless Network. 2005 Annual Report. Public Health – Seattle & King County. http://www.metrokc.gov/HEALTH/hchn/2005-annual-report.pdf.

[9] Seattle King County Coalition on Homelessness and King County Housing and Community Development. 2006 Annual One Night Count: People who are homeless in King County, Washington. www.homelessinfo.org/ONC%20Report%202006.pdf. October, 2006.

[10] King County Budget Office. 2005 King County Annual Growth Report: Statistical Profile on King County. http://www.metrokc.gov/budget/agr/agr05/AGR05_KCStatisticalProfile.pdf. 2005.

[11] Natural deaths are those for which a physical cause can be identified other than an accident, suicide, or homicide.

[12] Accidental acute intoxication may be due to alcohol, street drugs, prescription drugs, or a combination.

[13] The remains of one decedent were found in February 2005, but the actual death occurred sometime in the prior seven months.

[14] Homicides, suicides, and accidents are reflected in table 2 under manner of death. In table 3 they are distributed under other categories based on the cause of death. Those involving trauma as the cause of death are listed under Trauma while the remainder fall into other categories.

APPENDIX A

Definition of "Likely Homeless" field in the King County Medical Examiner Database

A person is defined as homeless when he or she lacks a fixed and adequate nighttime residence. Included are persons (adults, children, and youth) temporarily living in:

- Emergency shelters for people who are homeless. This includes both public and private shelters (e.g. shelters operated by government, non-profit organizations, religious groups, and others).
- Hotel rooms for less than 30 days. (Includes people who pay for their own rooms and those whose room is paid by a public or private organization in order to provide emergency shelter. The latter are often referred to as "motel vouchers").
- Public or private places not designed for, or ordinarily used as, regular sleeping accommodations for human beings. (Examples: sleeping on the streets or in parks; in the Sobering Center; camping in greenbelts or parks; abandoned buildings; vehicles; residents of "Tent City," etc.)
- An institution from which he/she would have been discharged with no place to go, and was apparently homeless upon entry to the facility (e.g. a treatment facility, mental health hospital, the Harborview Medical Respite program, jail, etc.)

The above categories are consistent with all federal HHS and HUD definitions of homeless persons. Three groups of people who are sometimes also categorized as "homeless" – depending on the federal program the definition pertains to – are (1) people living in transitional housing programs; (2) people living in "doubled up" situations-staying with others but on a short-term, temporary basis; and (3) people staying in private dwellings who are under imminent eviction. Individuals meeting these criteria would not be listed as "likely homeless" in the King County Medical Examiner database.

APPENDIX B

Incident City

	2004	2005	Total 2004-05
South King County	Auburn 3 Des Moines 2 Federal Way 1 Kent 2 Maple Valley 1 Pacific 1 Renton 1 Tukwila 3	Auburn 2 Federal Way 6 Kent 4 Renton 5 Tukwila 1	**32**
East King County	Clyde Hill 1 Kirkland 1	Bellevue 2 Issaquah 1	**5**
North King County	Kenmore 1 Lake Forest Park 1	Kenmore 1	**3**
Outside King County*	Aberdeen 1 Everett 1 Sultan 1 Tacoma 1		**4**
Outside Washington*		San Francisco 1	**1**

*Incident location leading to death was outside King County but death occurred within King County.